BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **ROGER S. CHAN, M.D.** License No. 44020 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-11-1623A **ORDER FOR LETTER OF REPRIMAND AND PROBATION AND CONSENT TO THE SAME**

Roger S. Chan, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 44020 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-11-1623A after receiving notification from Flagstaff Medical Center (FMC) indicating that it had restricted Respondent's clinical privileges by prohibiting him from performing interventional cardiology procedures at FMC. The board became aware of additional allegations during the course of the investigation regarding Respondent's treatment of patients WS, MS, WB, and MB.

4. Patient WS underwent catheterization for aortic stenosis and coronary artery disease. Respondent had an abnormal wave form when he attached the catheter to the transducer that appeared better once he pulled the catheter back. He injected dye which revealed a perforation into the left ventricular wall. Respondent exchanged over a wire for a pigtail catheter to do a left ventriculogram that did not demonstrate any evidence of a

perforation. An hour post-procedure, WS developed hypotension and cardiac tamponade and expired.

5. The Medical Consultant (MC) opined that once WS had the initial problem, there was no reason to proceed further with a wire exchange. The MC observed that having significant coronary artery disease plus aortic stenosis contributed to WS's demise, but stated that Respondent's technique clearly played a role in this case.

6. Patient MS underwent percutaneous transluminal coronary angioplasty (PTCA) of a right coronary artery (RCA) stenosis-subtotal occlusion in the setting of a non-q-wave myocardial infarction. The case was complicated by perforation and dissection with a suboptimal result. MS was treated appropriately for these complications and was discharged uneventfully, but required repeat PTCA of the vessel by another physician shortly thereafter. The MC found that Respondent was somewhat over aggressive in his treatment of MS. The MC noted that this was a difficult case.

7. Patient WB had previous bypass surgery and presented to an outside facility with an acute inferior MI treated with fibrinolytic therapy. He was transferred to Flagstaff where he had recurrent chest pain and ST elevation and was taken to the cath lab. WB was noted to have graft failure a patient LIMA graft and native left main disease as well as slow flow in the RCA with a large thrombosis. WB underwent PTCA and stent with slow RCA flow and poor outflow demonstrating a no reflow phenomena. WB required Dopamine to maintain blood pressure. WB had a ventricular fibrillation arrest and died. The MC questioned why Respondent did not place an intra-aortic balloon pump prior to the completion of the procedure as this was a complex patient at high risk.

8. Patient MS underwent staged PTCA and stent of a left anterior descending (LAD) stenosis. During the LAD procedure, the stent was stripped and needed to be deployed in the ostial LAD and distal LM. The lesion was noted to be calcified.

Respondent did not appreciate that the lesion was calcified and the LAD disease was not addressed. The MC observed that the decision to treat the proximal LAD disease prior to doing the more distal lesion led to the stent being stripped when it could not pass through the underdeployed proximal stent. The MC opined that this was a judgment issue in the way the procedure was performed.

9. The MC expressed concern regarding Respondent's poor judgment which led to the results seen in some of these cases. The MC stated that this represents a deviation from the standard of care and suggested that appropriate remedial training could be of value to Respondent.

10. In his response to the MC's findings, Respondent indicated that he has taken steps to address the concerns raised, and reported that he was scheduled to attend the Physician Assessment and Clinical Education (PACE) program. Respondent's PACE evaluators determined that his performance on the Phase I assessment was satisfactory. The PACE report indicated that Respondent is competent in the cardiac examination, but that he did not demonstrate this competence sufficiently.

11. Respondent returned for Phase II of PACE and it was determined that his overall performance was varied. The PACE report indicated that although Respondent was aware of the interventional techniques that could be performed, he did not necessarily balance his knowledge with the risk of the procedure. The evaluator felt that Respondent's interpretation of the guidelines was literal and rigid and did not adequately take into account the nuances of individual patient care.

12. PACE determined that Respondent's overall performance is consistent with a Pass with Major Recommendations. PACE recommended that Respondent have a practice monitor or better still a colleague and mentor who is a senior high volume operator to help assist, especially in the area of clinical judgment, in more challenging

interventional cardiology procedures. If a high volume operator monitor is unavailable, PACE recommended that Respondent should limit his practice of elective coronary interventions as outlined by his PACE evaluator.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate records on a patient.")

3. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on probation for two year(s) with the following terms and conditions:

a. Respondent shall within 30 days of the effective date of this order, enter a contract with a Board pre-approved monitoring company ("Monitor") to provide all monitoring services. Respondent shall bear all costs of monitoring requirements and services.

b. Monitor shall conduct quarterly chart reviews. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

c. After 12 months or four successful chart reviews, Respondent may petition the Board to terminate the probation.

d. In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

DATED AND EFFECTIVE this 6th day of DECEMBER, 2012.

ARIZONA MEDICAL BOARD

By _____
Lisa S. Wynn
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

11. *Respondent has read and understands the conditions of probation.*

Roger S. Chan, M.D.

DATED: 10/29/2012

EXECUTED COPY of the foregoing mailed this 6th day of December, 2012 to:

Roger S. Chan, M.D.
Address of Record

ORIGINAL of the foregoing filed this 6th day of December 2012 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Arizona Medical Board Staff